



Clark County Regional Support Network Policy Statement

Policy No.: CM17
Policy Title: Out of Network Referrals (formerly within QM23 Availability of Services)
Effective Date: November 1, 2004

Policy: Clark County Regional Support Network (CCRSN) shall ensure that individuals who meet eligibility criteria for RSN-funded mental health services have timely access to the mental health services covered under the Washington State plan that are medically necessary.


If an individual who is Medicaid-eligible requires medically necessary mental health services that are not available through the CCRSN agency network, or are not available within CCRSN access timeframes, CCRSN shall pay for services outside its network until the network is able to provide them. Contractors outside the CCRSN network must meet all state and federal requirements and enter into a contract for services with CCRSN or one of its subcontracted Community Mental Health Agencies (CMHA).

Reference: CFR 42 Subpart D; CFR 438.206, WA Mental Health Division CCRSN PIHP and State Contracts; CCRSN Policies and Procedures: CM02 Utilization Management Plan, CM04 Authorization for Outpatient Services, CM07 Eligibility Criteria and Access to Care Standards- Adult, CM08 Eligibility Criteria and Access to Care Standards- Child/Youth, CM19 Authorization for Inpatient Services, QM05 Level/Element of Care Clinical Guidelines, QM09 Access Standards, QM10 Wait List, QM23 Availability of Services

Procedure:

1. The individual requesting services, legal guardian, or CMHA may make a verbal or written request for a referral to a CCRSN Care Manager.
2. The CCRSN Care Manager shall review the request and attempt to match the individual's needs with other providers within the CCRSN network.
3. If the Care Manager is unable to make a referral within the CCRSN provider network, the request for referral shall be reviewed with the CCRSN Medical Director or a designated CCRSN Manager who is a Mental Health Professional.
4. The review shall verify the individual's Medicaid eligibility and medical necessity as defined in the Washington State Access to Care Standards, and evaluate CCRSN practitioner data to make a determination about whether the CCRSN agency network can meet enrollee need within access timeframes.

5. Notice of Determination shall be verbally communicated to the individual requesting services, legal guardian, and/or agency making the request, followed by written Notice, within the following timeframes:
 - a. Urgent or Emergent need- within 24 hours
 - b. Routine need- within 14 calendar days
6. Upon approval of a request, CCRSN shall ensure that the out-of-network provider meets applicable state and federal requirements, through its sub-contract credentialing review process (see QM25, Practitioner Credentialing and Reporting).
7. CCRSN or its contracted CMHAs shall pay for authorized services at no additional cost to the individual requesting services. **The contracted CMHA shall submit a bill to the CCRSN for services provided by out of network service provider within 30 calendar days of the receipt of an invoice for those services.**
8. It is the responsibility of the subcontracting entity, either the network CMHA or CCRSN, to execute a subcontract that meets the CCRSN's approval and arrange payment for the approved services.
9. The service hours must be reported in the CCRSN Management Information System by the subcontracting entity. If the subcontracting entity is a CCRSN CMHA, the agency shall be reimbursed at the rate specified in their CCRSN contract unless a different rate or payment method is approved with the initial request.
10. CCRSN shall track and report out-of-network referrals on a quarterly basis as part of its network capacity review process, identify issues and trends related to out of network referrals, and report these to the CCRSN Quality Management Committee on a regular basis.

Approved By:  _____
Vanessa Gaston, Director
Clark County Department of Community Services

Date: 8/20/09